

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ALTERRA STERLING HOUSE OF LACROSSE (510387)

Address: 3141 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095904 **End Date:** 10/26/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010078 Served 11/12/2005

Deficiencies Cited

13.05(3)(a)

83.19(2)(c)

83.19(3)(d)

Subject Area

ENTITY ALLEGATION REPORTING REQUIREMENTS

DEATH REPORTING NOT RELATED RESTRAINT

WHEREABOUTS UNKNOWN

Compliance
Verified

Corrected

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For the period 06/01/2003 to 05/31/2006
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Survey ID: 0095597 End Date: 08/03/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010034 Served 09/13/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.18(1)(d)4	DESCRIPTION HARMFUL BEHAVIOR PATTERNS		
83.21(4)(r)	TREATMENT CHOICE		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS		
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

Survey ID: 0092822 End Date: 06/16/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006398 Served 06/26/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	07/31/2004	Yes

Survey ID: 0091898 End Date: 01/20/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006461 Served 01/31/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	02/23/2004	Yes

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090635 **End Date:** 07/09/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006445 Served 07/10/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	01/20/2004	Yes

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 09/12/2005 **SOD #**10010034 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(a)

FORFEITURE---83.21(4)(r)

FORFEITURE---83.33(3)(e)2.a

FORFEITURE---83.43(7)(b)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 10/14/2005

Date Investigation Completed: 10/26/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	10010078
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 08/17/2005

Date Investigation Completed: 08/15/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10010034
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10010034

Date Complaint Received: 05/17/2004

Date Investigation Completed: 06/16/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	10006398
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
OTHER	NOT SUBSTANTIATED	

Date Complaint Received: 12/03/2003

Date Investigation Completed: 01/20/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	10006461
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

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